## P010000971628

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MAY 3 0 2017 S. PRATHER

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: In Layman's Terms, Inc.

2. The principal office address: 1061 E. Indiantown Road, Suite 104, Jupiter, FL 33477

3. The mailing address (if different): P.O. Box 1667, Santa Rosa Beach, FL 32459

4. Date of incorporation/qualification: \_\_\_\_\_10-08-2001 \_\_\_\_\_ Document number: P01000097628

MM

PH L:

5. The name and street address of the current registered agent and registered office on file-with the Florida Department of State: (If resigned, enter resigned)

Godowin, Barrie SCPA

1061 E. Indiantown Road, Suite 104

Jupiter, FL 32477

The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Coastal Accounting of NW FL PA

1150 Airport Road Unit 172

P.O. Box NOT acceptable

Destin, FL 32541

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Kelly A. Layman, President

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all sta- performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to ref hereby confirminat the corporation has been notified Signature of Registered Agent	nd agree to act in this capacity. Intes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address. I in writing of this change. <u>59917</u> Date
If signing on behalf of an entity:	
Douglas T. Ingram, CPA	
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)